

Early Discoveries

Family Information:

Child's Name _____ first middle last	Name used _____	Male__	Female__
Date of Birth (d/m/y) _____			
Address _____			Postal Code _____
Language Spoken _____	Home ph _____	Email _____	
Mother's Name _____	Occupation _____		
Employer _____	Bus ph _____	Cell ph _____	
Address if different from child's _____			
Father's Name _____	Occupation _____		
Employer _____	Bus ph _____	Cell ph _____	
Address if different from child's _____			
Household members: sibling's name _____	Age _____		
sibling's name _____	Age _____		
Other members _____			
Has your child been in preschool before? Y/N If yes, where? _____			

Emergency Contact Person (Other Than Parents)

Name _____	Phone _____	Cell Phone _____
Address _____		Postal Code _____
Persons authorized to pick up your child _____		

Health

Allergies/Sensitivities _____	Chronic Conditions _____
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Does your child require any medication? If so, please indicate medication. _____

Medication should be kept at school. If you choose to bring it back and forth, your child will not be able to attend class unless the medication is present.

Concerns Speech: Y / N Other: _____

Is your child currently receiving any funded services from therapists/agencies? If yes, from whom?

Has your child had any medical or emotional condition requiring treatment? If yes, please explain.

* NOTE: We no longer accept funded children from outside agencies.

Consent for medical attention

I give authority for my child's teacher to take the necessary steps to ensure that my child receives the care needed in any emergency. I also understand that I would be contacted immediately when any care is required. If a staff member from Early Discoveries needs to summon an ambulance, then I will be responsible for the cost incurred. As well, I understand that if my child has a diagnosed allergy/medical condition requiring medication, I will provide the prescribed medication to the school to be kept at the school. If I choose to bring the medication back and forth, I am aware that my child cannot attend if I forget the medication.

Parent's signature: _____

The Alberta regulations require that each school be aware of whether a child is immunized or not.

_____ My child's immunization is up to date as of _____ (today's date)

_____ My child has not been immunized for the following and/or not at all:

We only ask about immunization records in case an outbreak occurs in the class/school. Then, we can notify families whose children are not immunized.

Consent for Field Trips

I hereby give permission for my child to participate in all the day to day school activities such as nature walks, trips to the park and outside snack and story times. I authorize the preschool/Kindergarten to include my child in all field trips planned for the school year. If I object to any trips then I will keep my child home on that day. It is my understanding that the teacher will inform me of any class trips other than short walking trips, and I will be required to sign a permission slip to show my agreement with the plans.

Signature of parent _____

Speech and OT screening

As part of our Kindergarten program, we provide a speech and OT screening in September. The screening is conducted by our speech pathologist and our occupational therapist. If the therapist finds that your child needs additional help in these areas, she will contact you and let you know.

If you would like to have your child screened for speech and/or OT, please sign below. If you do not want your child to be screened, please check below.

_____ Yes, I would like to have my child screened for speech. _____(signature)

_____ Yes, I would like to have my child screened for fine motor skills (OT). _____(signature)

_____ No, I do not want my child to be screened for speech.

_____ No, I do not want my child to be screened for OT.